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## BIB DATA SHEET

CONFIRMATION NO. 9304

<b>SERIAL NUMBER</b> 10/779,573	<b>FILING or 371(c) DATE</b> 02/13/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 3219-000011		
<b>APPLICANTS</b> David Wilson, West Bloomfield, MI; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/518,776 11/10/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/12/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/LENA NAJARIAN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance LN Initials	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> HARNESS, DICKEY & PIERCE, P.L.C. P.O. BOX 828 BLOOMFIELD HILLS, MI 48303 UNITED STATES						
<b>TITLE</b> Method for reimbursing qualified over-the- counter medical care products						
<b>FILING FEE RECEIVED</b> 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
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